

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	B/A	170385	
O.I.P.E. CLASSIFIER		19	6/13/00
FORMALITY REVIEW	H/A	SC 858	07-20-00
RESPONSE FORMALITY REVIEW	*		

INDEX OF CLAIMS

✓ Rejected
 = Allowed
 — (Through numeral)... Canceled
 ÷ Restricted

N Non-elected
 I Interference
 A Appeal
 O Objected

Claim	Date
Final	Original
1	1/22/00
2	✓ 1/28/00
3	✓ 1/26/00
4	✓ 8
5	
6	
7	
8	
9	6 8
10	✓ ✓
11	✓ 8
12	✓ 8
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15	
16	✓ 8
17	✓ ✓
18	✓ ✓
19	✓ 8
20	✓ 1
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25	✓ 8
26	✓ ✓
27	✓ 8
28	✓ 1
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32	✓ 8
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Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions
staple additional sheet here

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